

**BREMEN PARKS & RECREATION DEPARTMENT
ADULT RELEASE FORM**

NAME: _____ Date of Birth _____

I LIVE WITHIN THE CITY LIMITS OF BREMEN _____ YES _____ NO

HOME ADDRESS: _____

CITY: _____ ZIP _____ COUNTY _____

DAY PHONE: () _____ NIGHT PHONE: () _____

EMAIL: _____ CELL OR PAGER () _____

I AM SIGNING UP TO PARTICIPATE IN _____

IN CASE OF EMERGENCY _____ # _____

CANNOT BE LOCATED NOTIFY: _____ PHONE _____

MEDICAL HISTORY: HOSPITALIZATION DATE: _____ REASON _____

LIST ANY SIGNIFICANT ILLNESS / OPERATION AND SPECIAL MEDICATION _____

ALLERGIES: YES _____ NO _____ MEDICATION _____

RELEASE: There is, by participation in recreation activities a risk of injury, and by signing this waiver release form you are hereby acknowledging this risk. You are waiving your right to take legal action against the City of Bremen, BRD, or any employee(s) or volunteer(s) working with our organization for liability should you incur an injury.

I want _____, I do not want _____ insurance offered by the Recreation Department Insurance (RECI) for a cost of \$12.50 a year. It begins August 1 of each year and continues until August 1 of the following year.

SIGNATURE _____ DATE: _____